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N.J. BOARD OF DENTISTRY
ON 1-7-94 cm

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STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC
SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY
DOCKET NO.

In the Matter of)	
)	Administrative Action
BRUCE J. PINES, D.D.S.)	
)	CONSENT ORDER
Licensed to Practice Dentistry)	
in the State of New Jersey)	
_____)	

This matter was opened to the New Jersey State Board of Dentistry ("Board") upon receipt of a patient complaint from Susan Valenti concerning dental treatment performed by the respondent consisting, in pertinent part, of a twelve unit maxillary fixed bridge. The Board reviewed the entire record in this matter consisting of the patient charts, X-rays, the records of subsequent treating dentists, and further information acquired at an investigative inquiry attended by the respondent on November 17, 1993. The Board found that the dental treatment rendered to this patient deviated from acceptable standards of care in that there were open margins on all abutments of the bridge, there was no proper occlusion, and the work was performed in the presence of periodontal involvement. It appearing that the respondent desires to resolve this matter without recourse to formal proceedings and for good cause shown;

IT IS ON THIS 5 DAY OF ~~DECEMBER~~ ^{January}, 1993/

HEREBY ORDERED AND AGREED THAT:

1. Respondent shall make restitution to the patient by submitting a certified check or money order made payable to Susan Valenti in the amount of \$3,595.50 to the State Board of Dentistry at 124 Halsey Street, Sixth Floor, Newark, New Jersey 07102, no later than the first day of the month following the entry date of this Order. Respondent further shall waive any outstanding balance remaining on the patient's account.

2. Respondent shall be assessed a civil penalty in the amount of \$500.00 for failure to provide patient records to the patient upon request in violation of N.J.A.C. 13:30-8.7. Said civil penalty shall be submitted by certified check or money order made payable to the State of New Jersey and mailed to the State Board of Dentistry at 124 Halsey Street, Sixth Floor, Newark, New Jersey 07102, no later than the first day of the month following the entry date of this Order.

3. Respondent shall cease and desist from performing any crown and bridge dentistry and/or post and core dentistry until he has completed 100 hours of continuing education in basic periodontal prostheses to include basic periodontics, post and core dentistry, treatment planning, crown and bridge work, and endodontics. Said continuing education shall be completed no later than June 30, 1994. The courses shall be approved by the Board in writing prior to attendance utilizing the attached Pre-Approval Sheet, and respondent also shall be required to complete

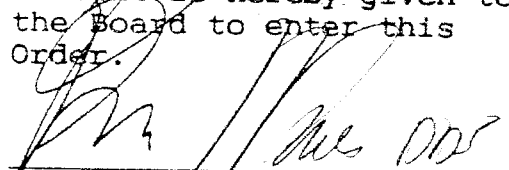
the attached Continuing Education Report and Proof of Attendance as proof of successful completion of the required course work. The attached forms are made a part of the within Order, and a separate form is to be used for each course. Said continuing education ordered herein shall be in addition to, and not a part of, the mandatory continuing education currently required for dentists.

4. Respondent shall be and is hereby reprimanded for failure to properly chart periodontal disease and to establish a total treatment plan for the patient.



Marvin A. Gross, D.D.S.
President
State Board of Dentistry

I have read and understand the within Order and agree to be bound by its terms. Consent is hereby given to the Board to enter this Order.


Bruce J. Pines, D.D.S.



State of New Jersey

ROBERT J. DEL TUFO
ATTORNEY GENERAL

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY
CONTINUING EDUCATION COURSE
PRE-APPROVAL SHEET

EMMA N. BYRNE
DIRECTOR

LOCATION:

124 HALSEY STREET, 6TH FLOOR
NEWARK, N.J. 07102
201.648.7087

MAILING ADDRESS:

P.O. BOX 45005
NEWARK, N.J. 07101

***** ATTACH COURSE DESCRIPTION AND/OR BROCHURE AND SUBMIT AT
LEAST 30 DAYS PRIOR TO COURSE DATE. THE BOARD CANNOT
ASSURE APPROVAL FOR COURSES PROVIDED ON SHORT NOTICE.
A SEPARATE FORM IS TO BE USED FOR EACH COURSE. A COPY
WILL BE RETURNED TO YOU AFTER APPROVAL OR DENIAL BY THE
BOARD. *****

DENTIST NAME _____

ADDRESS _____

TELEPHONE # _____

NAME OF COURSE _____

SPONSOR _____

ADDRESS _____

TELEPHONE # _____

_____ COURSE PRE-APPROVED BY BOARD DATE _____

_____ COURSE NOT ACCEPTED BY BOARD DATE _____

DATE _____

AGNES M. CLARKE
EXECUTIVE DIRECTOR



State of New Jersey

ROBERT J. DEL TUFO
ATTORNEY GENERAL

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY

EMMAN. BYRNE
DIRECTOR

LOCATION

124 HALSEY STREET, 5TH FLOOR
NEWARK, NJ 07102
(201) 578-7087

CONTINUING EDUCATION REPORTS AND PROOF OF ATTENDANCE

MAILING ADDRESS

P.O. BOX 45005
NEWARK, NJ 07101

All reports should be typewritten. If more than one course is required, this report form may be duplicated. Please complete all sections in the spaces provided. A separate form is to be used for each course.

1. Name of Dentist and License Number
2. Title of Course, Instructor and Location Date of Course
3. Was prior approval for the course obtained: Yes ____ No ____
** If the answer is NO, please explain the reason:
4. Name, address and phone number of the sponsoring organization and the name of the representative in charge of attendance.
5. Hours of course attendance
6. Attach a copy of all course/lecture handouts. Number of pages attached ____
7. Attach a copy of proof of payment for the course and any other proof of attendance. (e.g. cancelled check, copy of certificate, letter from sponsor)
8. Describe with some specificity one new diagnosis or treatment or product or material about which you learned at the course. (Use the back of this sheet.)

PROOF OF ATTENDANCE:

The undersigned hereby verifies that the above named dentist attended and successfully completed the course listed above.

Signature

Date

Title